DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Transmission System for	Efficient	Transmission of	Protocol	Data	
				 	
the application of which 図 is attached hereto	OR.	☐ was filed on	d Application	Number was amended of	_
I hereby state that I have reviewed and a by any amendment specifically referred t	inderstand the cor to above.	ntents of the above identified ap	plication, inc	luding the clai	ms, as amended
I acknowledge the duty to disclose ir continuation-in-part application(s), mate the national or PCT international filing d	rial information w	vhich became available between	s defined in the filing da	37 CFR 1.56 te of the prior	5, including for application and
I hereby claim foreign priority benefits upon plant breeder's rights certificate(s), on than the United States of America, listed patent, inventor's or plant breeder's right application on which priority is claimed.	: 365(a) of any PC d below and have	CT international application(s) value also identified below, by check	which designations which designation with the second contract the box.	ated at least or	ne country other
Prior Foreign Application Number(s)	Countr	y - Foreign Filing l	Priority Claime		Claimed No
2002-374791	Japan			⊠	
I hereby claim domestic priority benefits States provisional application(s), or §365 insofar as the subject matter of each of International application in the manner p to disclose any information material to the filing date of the prior application and the	5(c) of any PCT In of the claims of the first forwided by the first the patentability of	nternational application(s) design this application is not disclose st paragraph of Title 35, United this application as defined in 35.	gnating the U cd in a listed States Code, 37 C.F.R. 1.5	nited States, li l prior United §112. Lackno	sted below and, States or PCT wledge my duty
Prior U.S. or International Application Nu	mber(s)	U.S. or International Filing Date		Status	
I hereby appoint all attorneys of SUGHI my attorneys to prosecute this application	RUE MION, PL	LC who are listed under the United State	USPTO Custo	omer Number	shown below as

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:								
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Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
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NAME OF THIRD INVENTOR:		<u> </u>		Country				
Given Name (first and middle [if any])		Family Name or Surnam	ne					
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	 Zip		Country				
NAME OF FOURTH INVENTOR:	<u></u>		· · · ·	County				
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature			Date					
Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				
NAME OF FIFTH INVENTOR:								
Given Name (first and middle [if any])	Family Name or Surname							
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Residence: City	State	Country		Citizenship				
Mailing Address:								
City	State	Zip		Country				